File with:
lows Ethics and Campaign
Disclosure Board



610 E. 12 ^m , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTION DISCLOSURE	MPAI	IA ETHICS AND 1PAIGN DISCLOSURE BE			
COMMITTEE NAME (Must be	same as on Statement of Organ	nization)	2009 J/	AN 20 PM 3: 09		
NURSES FOR QUALITY	CARE			FORM DR-2	DISCLOS IN	
(1)Statewide/Legislative/Judge: (4)County Central Committee (of committee you are reporting for: [Standing for Retention Candidate (2 5)County Candidate (6)City Candid ty PAC (9)City PAC (10)School B)State PAC (3)State Party late (7)School Board or Other Politic oard or Other Political Subdivision PA	al C ((Rev. 07/2007) For Office Use Or	DISCLOS JRE REPORT	
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)		Logged in Scanned Computer		
Office Sought		District (if Senate or House)		Audited		
Late reports are subject to poss		suant to lowa Code sections 68B.32	A(7) and	DATE S		
AM FILING A 10/15 - 12/3	1/2008	REPORT FOR (1) ELECTION	N /(<u>2)N</u> O	N-ELECTION YE	AR.	
(n	eport date)	Indicate by	Local Committees, enter Date of Election			
CHECK IF AMENDMENT T	O REPORT DATED	· .				
	ation) report and attach Notice of to file reports until a DR-3 is filed.		11/04/2008 County & Local Committees, enter County in which Election is held POLK, NURSES FOR QUALITY			
STATEM	ENT OF CASH ON HAND				4	
committee. This am	ning of the reporting period. (Tot ount MUST be the same as the o period or must be zero if this is fin		*******	\$ <u></u>		
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD					
		ile A) (*also see in-kind below)				
	•	F)				
		ch Schedule H)	••••••			
(Schedule	H applies to Candidates' Comn			_		
CIADTE 4 OF TOTAL		SUB-TOTAL		2		
	MONEY SPENT THIS PERIOD	/Philosopa doble and loans for lower				
		(**also see debts and loans below e F)	•			
		ort balance must be zero)				
		,		كناه والمساوية	كتلك تجبية والك	
	·	lule E)				
	•	e F)		*		
CONSULTANT BREAKDOW		,		YES	NO	
CANDIDATE COMMITTEES						

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	
NURSES FOR QUALITY CARE	

SCHEDULE					
E	IN-K ND				
(Rev. 06/97)	CONTRIBUTIONS				
CHECK THIS BOX IF AMENDING FORM					

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/16/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266		campaign mailers	\$ 78.90	
10/16/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266		200 color campaign posters	23.77	
10/20/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266		4100 color flyers	171.06	
10/16/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266	·	mileage to campaign events	274.96	
10/20/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266		7 pks of card stock for card flyers	107.52	
10/16/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266		1000 color union label flyers	233.20	
10/22/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266		bulk mail to 5627 RNs in Polk Co	911.57	
10/21/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266		5627 black & white postcards	56.27	
10/21/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266		cut card stock at Copyworks	6.36	
10/31/08	SEIU 1800 Massachusetts Ave NW, Washington, DC 50266		Zimmerman Robo call	365.25	
SUB-TOTAL			\$ 2,228.86		
TOTAL (if last				\$ 2,228.86	
page of this					

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

schedule)